



HIV in the African American Community

A State of Emergency Response Plan

At the United States Conference on AIDS, the Congressional Black Congress announced a State of Emergency in the United States regarding HIV infection rates in African American communities. After reviewing the staggering statistics, it became apparent that the Missouri Department of Health should proactively develop a response plan for the state of Missouri.

This response plan is the result of the Department of Health's collaboration with community partners, other state agencies, and local health departments. This document is intended to assist community based organizations and other entities to develop strategies in response to HIV in the African American community. The document is designed to be customized at the local level to enable these organizations to add their mission and role to enhance their efforts in HIV prevention. The response plan is meant to complement other interventions that have proven effective in the prevention of HIV. In order to leave no one behind, it is imperative that efforts are made at the community level to develop strategies for all Missourians.

VISION

A Missouri free of HIV and the devastating impact that it has on communities, families, and individuals.

GOAL

To reduce the incidence of HIV disease in minority communities, particularly African Americans, who are being hardest hit by the disease. To reduce the impact of HIV disease on minority communities, families, and individuals.

GUIDING PRINCIPLES

- ✓ Assistance is provided on the basis of objective need.
- ✓ Consumer choice is a priority.
- ✓ Access to integrated, state of the art HIV care is assured.
- ✓ Client trust and assurance of confidentiality is maintained.
- ✓ Multi-agency and community approaches are promoted.

OBJECTIVE: To assure that the neediest receive priority assistance

While much of the news on the HIV/AIDS front is encouraging overall, recent data indicate a disturbing trend in African American communities. While overall AIDS deaths are down, the disease remains a severe and ongoing crisis in African American and other racial and ethnic minority communities. According to the National Minority AIDS Council, AIDS is the leading killer of African Americans between the ages of 25 and 44. The largest percentage increases for HIV/AIDS are now among women and youth, racial and ethnic minorities, injecting drug users and their sexual partners.

Strategies

- Review the statewide Community Planning Group (CPG) and Regional Planning Group (RPG) plans for specific interventions planned and targeted to African Americans and submit written plans back to the regions helping them to strengthen their plans. Assure that an adequate portion of prevention and care money is appropriately targeted to African Americans and that funded programs are evaluated for effectiveness.
- Conduct health marketing research in African American communities.
- Continue focused education/outreach and screening programs targeted to African Americans.
- Maximize the screening, education, and outreach potential for Federally Qualified Health Centers, family planning clinics, and alcohol and drug clinics through additional or redirection of resources.
- Build on the CPG statewide plan and develop a comprehensive statewide assessment of need and long term strategic plan.
- Create a position of Minority STD/HIV Programs Coordinator in either St. Louis, Kansas City, or both, to develop and implement the statewide minority strategic plan.
- Develop studies geared to analyze the links between substance abuse, sexual behavior, STDs, and HIV infection rates in African Americans.
- Conduct outreach activities to Historically Black colleges and universities, churches, and high risk groups.
- The Department of Corrections will continue to liaison with external agencies to supply needed and appropriate referrals upon release of HIV positive offenders.
- In accordance with the Department of Mental Health's recommended guidelines, state-operated facilities will continue to identify signs and symptoms, conduct risk assessments, perform HIV testing (or make referrals for testing) and conduct pre/post-test counseling as appropriate.

OBJECTIVE: To assure client access to qualified providers

African Americans must have appropriate access to state-of-the-art HIV care and treatment with effective combination therapies and treatment for opportunistic infections.

Strategies

- Identify provider resources in underserved areas.
- Develop and implement a statewide quality management system for all funded STD/HIV/AIDS screening and counseling, prevention education and treatment programs.

- Conduct a survey to determine providers ability to diagnose and treat HIV and other sexually transmitted diseases.
- Provide education programs targeted to diagnosis, treatment, stigma, and cultural competence.
- Develop adequate referral services to qualified providers at hospital emergency rooms, Women, Infants, and Children clinics, etc.
- Increase provider knowledge of risk factors for HIV and other STDs including linkages with Infectious Disease Specialists in HIV/AIDS.
- Increase provider referral knowledge.
- Address stigma barriers.
- Place case managers on-site at provider sites.
- Develop centers for excellence.
- Develop/support credentialling for physicians who provide HIV care.
- Develop crisis response teams to assist in areas with high prevalence of HIV and STD infection. These teams will consist of a team of experts available to provide special skills and support to expand existing prevention and treatment services for African Americans, and to support development of strategies for enhancement.
- The Department of Corrections will require physicians, through continuing education, to adhere to the Centers for Disease Control and Prevention treatment guidelines.

OBJECTIVE: To address client trust and confidentiality issues

Many members of the African American community have held an underlying distrust of the traditionally white public health system, especially since the Tuskegee Syphilis Study. Adding to this are the persistent inadequacies in social benefits, health care, education, and opportunities for African Americans. Effective prevention programs must address these concerns.

Among African American men who have sex with men, including those who self-identify as gay, fear of homophobia and social norms of some minority communities may have been a source of internal conflict. At the beginning of the epidemic, the absence of national gay leaders and large gay constituencies in the African American population offered few opportunities to mobilize support.

Strategies

- Increase African American representation on the Governor's Council on AIDS through an Advisory Committee on African American issues
- Increase African American representation to the Statewide HIV Prevention Community Planning Group.
- Identify African American communities where lack of trust may exist.
- Engage the assistance of the Office of Minority Health.
- Encourage AIDS Clinical Trials Research at Minority Institutions.
- Utilize providers that have current and trust based relationships with the African American community.
- Engage identified community leaders to assist with trust and confidentiality issues.

- Hire/contract with representatives of the communities at risk including African Americans, HIV+, and those with multiple risk factors.
- Conduct outreach activities to Historically Black colleges and universities, churches, and high risk groups.
- Identify community leaders that have developed trust within African American communities and engage their assistance in prevention and care activities.
- Develop programs that assist in reducing the stigmatization and isolation experienced as a person living with HIV.
- Address factors that prevent disclosure of positive HIV status.
- The Department of Corrections will continue to practice confidentiality per policy and state and federal law.
- The Department of Corrections will continue to collaborate with state and community agencies.

OBJECTIVE: To assure cultural competence in addressing the diversity within African American communities

While African Americans are sometimes viewed as one group, there is, in fact, a wide variety of populations in Missouri included under this heading. Upper socioeconomic status, lower socioeconomic status, Christian, Muslim, inner-city, suburban, descendants of slaves, and recent Caribbean immigrants all fall into the African American heading. Current epidemiological surveillance does not record the social, cultural, economic, geographic, religious, and political differences that may more accurately predict risk.

Strategies

- Improve our surveillance systems to be more responsive to current trends in the different sub-epidemics rather than cumulative trends.
- In collaborations with churches, schools, and other community organizations, the prevention strategies should be introduced by trusted members of the community. Trust must be established, and fear replaced by knowledge.
- Adopt faith-based initiatives in African American churches to address HIV.
- The Department of Mental Health's Division of Alcohol and Drug Abuse will collaborate with grass roots organizations/agencies who provide HIV/AIDS awareness and education to twenty local high schools in Kansas City and to intravenous drug users in the city of St. Louis.
- The Department of Corrections will continue to liaison with state and community providers to gain insight into the diverse needs of varied populations.

OBJECTIVE: To assure better collaboration between State agencies

Strategies

- Enhance state agency collaboration to assure effective interventions and services.
- Increase state agency representation on Governor's Council on AIDS.
- Increase state agency representation on planning bodies for STD and HIV Prevention and Care.

OBJECTIVE: To increase the effectiveness of counseling and intervention services and disease surveillance

Strategies

- Conduct program technical assistance audit of state, federally, and locally funded counseling and intervention and disease surveillance by Local Public Health Agency.
- Review medical providers ability to provide counseling and intervention services.
- Review provider reporting efforts and design programs for improvement.
- Locate counseling and intervention specialists at provider sites visited by the populations most at risk—not just Local Public Health Agency STD clinics.
- Proactively design programs and strategies that encourage African Americans to become HIV testing counselors at HIV testing sites. In the future, it will become increasingly important for African Americans to identify with other African Americans when seeking HIV/STD testing.
- Develop health communication campaigns that show the efficacy of HIV testing in the African American Community.
- Conduct risk assessments for all individuals entering state and federally funded alcohol and drug treatment programs.
- Revise and update reporting requirements for alcohol and drug on-site testing facilities to include race/ethnicity, sex, and age.
- The Division of Alcohol and Drug Abuse will contract with a provider to conduct statewide HIV counseling training to alcohol and drug treatment programs.
- The Department of Mental Health, Division of Mental Retardation and Developmental Disabilities will educate service coordinators, nurses, and other appropriate staff regarding HIV and other STDs.
- The Department of Mental Health will make HIV/STD prevention information available to persons with developmental disabilities who are sexually active.
- The Department of Corrections will continue to monitor HIV+ offender education and treatment modalities to ensure optimum utilization of the most up to date knowledge base.
- HIV and AIDS reporting to the Department of Health is ongoing. This process shall be enhanced as necessary.
- The Department of Corrections will establish offender peer education HIV prevention pilot programs at each non-Institutional Treatment Center site.

OBJECTIVE: To assure comprehensive programs targeted to African American women

Over the past decade the epidemic has increased most dramatically among women of color. Even if women know how to protect themselves from HIV infection, awareness of the facts must be coupled with the skills and support needed to change behavior.

Strategies

- Assure access to female-controlled prevention methods and the skills to use them consistently and correctly.

- Integrate prevention and treatment services.
- Address the intersection of drug use and sexual HIV transmission.
- Integrate medical and behavioral HIV and STD prevention solutions.
- Provide comprehensive, integrated HIV care that addresses the entire spectrum of health care needs and reduces access barriers.
- Assure targeted health communication campaigns and risk reduction programs to African American women.
- Investigate the efficacy of less intrusive methods of HIV testing for women.
- Assure appropriate pre/post-test counseling, testing, and reporting for African American women in alcohol and drug treatment programs serving women and children.
- The Department of Corrections will continue to offer education to offenders through pre and post HIV testing, internal educational videos, handout materials, health fairs, and collaborative pre-release efforts with the Department of Health.
- Currently, all Department of Corrections Institutional Treatment Centers include a compulsory education topic of HIV and STDs and their relationship to substance abuse.
- The Department of Corrections collaborations with drug court contractors indicate a required HIV educational component and its relationship to substance abuse.

OBJECTIVE: To assure comprehensive programs targeted to African American youth

AIDS is the leading cause of death for African American men and women between the ages of 25 and 44. Many of these young adults likely were infected as teenagers. It is estimated that half of all new HIV infections in the United State are among people under 25, and a majority of young people are infected sexually.

Strategies

- Partnership with schools and the Department of Elementary and Secondary Education to integrate, preferably within the context of required comprehensive health education, school-based programs that include a focus on delaying sexual activity **and** to provide information on how sexually active young people can protect themselves.
- Develop partnerships with community parent groups to serve as advocates in the schools for more effective school based prevention programs.
- Partnership with communities and the Department of Corrections to assure the presence of community-based programs that address the needs of adolescents who are most vulnerable to HIV infection, such as homeless or runaway youth, juvenile offenders, and school drop outs.
- Develop targeted, sustained prevention programs for young gay and bisexual men.
- Address relationship between risky sexual behavior and drug-related risk.
- Develop ongoing evaluation of factors influencing risk behaviors and the impact of selected family, social, and cultural factors on risk-taking behaviors among youth and implement targeted health communication campaigns and risk reduction programs for African American youth.
- Offer youth specific HIV integrated, comprehensive care services.

- Partner with church youth outreach in to educate parents regarding talking with their children about sexual health.
- Continue to encourage Community 2000 teams funded by the Division of Alcohol and Drug Abuse to collaborate with the Department of Health in targeting HIV prevention education simultaneously with substance abuse prevention for adolescents.
- The Division of Alcohol and Drug Abuse will continue to disseminate HIV/AIDS awareness and education materials at primary substance abuse prevention workshops and conferences targeting adolescents.
- The Division of Alcohol and Drug Abuse will continue to fund the annual Teen Institute for the Deaf, a primary prevention program, which includes training for all participants through the Red Cross for HIV/STD Prevention.

OBJECTIVE: To assure comprehensive programs targeted to African American men

To compartmentalize African American men who have sex with men in sub-groups does not accurately address the complex issue of high-risk sexual behavior. Many African American men view themselves as sexual beings with no specific orientation marker.

Sexual identity for African American men who have sex with men can be highly situational and context-dependent. Men who have sex with men may identify as gay, bisexual, or heterosexual depending on interpersonal, familial, social, business, or sexual context. A key factor in this identification paradox is that many individuals associate HIV infection with gay-identified men. Men who have sex with men who do not identify as gay may see safer sex messages and communication efforts as irrelevant, and therefore, pose a challenge to targeted HIV prevention efforts.

Strategies

- Prevention Strategies for African American men who have sex with men must follow culturally specific guidelines and research. The strategies must be community based and culturally relevant, designed, and implemented by members of the African American men who have sex with men community.
- Develop targeted, sustained prevention programs for African American men who have sex with men who self identify as gay and bisexual, and prevention programs for those who do not.
- Address relationships between risky sexual behavior and drug-related risk.
- Provide capacity building for identified organizations and/or entities that address HIV/AIDS among African American men.
- Continue focused education/outreach and outreach testing to African American men.
- Develop programmatic strategies that build self-esteem, reinforce positive identity, and instill a sense of respect for self, others, and the community.

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If you have questions regarding this plan, please contact Elisa Daues in the Section of STD/HIV/AIDS Prevention and Care Services at (573) 751-6144.